U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3493	2. Fiscal Year Covered From:				
	01 / 91 / 2004 Through: [2] / 81 / [2004]				
Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Daniel E Johnson, III	Name United Transportation Union				
	Labor Organization File Number 000-314				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 14600 Detroit Avenue	Street 14600 Detroit Avenue				
chy Cleveland	City Cleveland				
State Ohio ZIP Code + 4 44107	State Onio ZIP Code +4 44107				
5. Position in labor organization. General Secretary and Treasurer					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
monetary value from an employer whose employees your organization	ion represents or is actively seeking to represent.				
monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
6. Name and address of Employer (including trade name, if any). Name	ion represents or is actively seeking to represent.				
monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	ion represents or is actively seeking to represent.				
monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name	ion represents or is actively seeking to represent.				
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monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.				
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.				
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.				
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty or the state of the st	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.c. Amount.				
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any. P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty a submitted in this report (including the information contained in any accompa	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.c. Amount.				

Name of Person Filing Daniel E. Johnson, III	File Number U- 000-314 4-3493					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.					
C. Received from any employer (other than an employer covered unc	12.b. Amount.					
or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name The Reno Hilton Hotel Trade Name, If any: P.O. Box, Bldg., Room No., If any						

ZIP Code + 4 89595

or Consultant

14.b. Amount of payment.

Form LM-30 (2003)

City

State

Reno

Nevada

13.b. Is the Business an Employer

\$430.00

Name of Person Filing Daniel E. Johnson, III	File Number U-	000-314	43493				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).). Business deals with:						
Name	阿曼						
Trade Name, if any:	a. Labor Organization						
P.O. Box, Bidg., Room No., if any	b. Trust						
Street	C. Employer						
City	•						
State ZIP Code + 4							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., If any							
Street	41 h Annovinsta dallar va		_				
City	 11.b. Approximate dollar va 12.a. Nature of interest he 						
State ZIP Code + 4							
	12.b. Amount.						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	edago-in este en		Samuella (n. 1848)			
Name Boston Park Plaza Hotel	Complimentary hotel room during regional union meeting held at the hotel						
Trade Name, if any:							
P.O. Box, Bldg., Room No., If any							
Street 64 Arington Street							
City Boston							
State Massachusetts ZIP Code + 4 UZ116							
13.b. is the Business an Employer or Consultant ?	14.b. Amount of paymen	t.	\$	70.00			

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name						
Trade Name, if any:	a. Labor Organization					
P.O. Box, Bldg., Room No., If any	b. Trust					
Street	c. Employer					
City						
State ZIP Code + 4		·				
	11,a. Nature of such dealing.					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.8. Nature of Such geating.					
Name						
Trade Name, if any:	Section 1					
P.O. Box, Bidg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.					
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4						
	12.b. Amount.					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name Guerrieri, Edmond, Clayman & Bartoss	pc Holiday Fruit Basket a gift for Christmas	received as				
Trade Name, If any:	Value of \$42.00	1011 QQY				
P.O. Box, Bldg., Room No., if any	Hamman in the first the season of the season					
Street 1625 Massachusetts Ave NW						
City Washington						
State UC ZIP Code + 4 20036						
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$42.00				